

CHIMNEY SERVICE REPORT

898349

SERVICE PROVIDER:

Curtis Chimney Service
www.curtischimneyservice.com
 1393 Dorsey Hotel Rd
 Grantsville, MD 21536
 (301) 895-3200 / (301) 746-8100
 Fax (301) 895-3940

CUSTOMER:

Name Pat McLucy
 Address 101 East Wells St.
 City Baltimore State MD Zip 21230
 Phone (443) 463-1253
 E-mail _____

Technician Pat McLucy
 Service date 11/19/07 Time _____

Directions to home Lot 28 North River Williams
Delray Ave

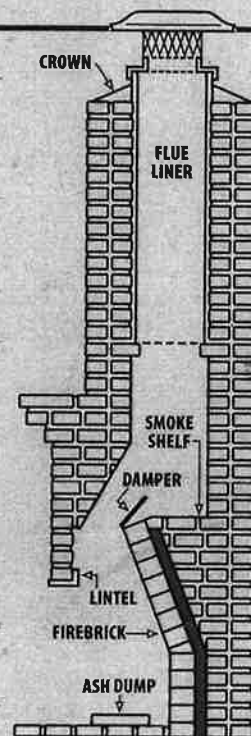
SYSTEM INFORMATION

Fireplaces, Number of..... 1
 Construction..... ☒ Masonry ☐ Factory-built ☐ Modular
 Fireplace opening sizes..... 1. _____" x _____" 2. _____" x _____" 3. _____" x _____"

Heating Appliances, Number of.....
 Type..... ☐ Insert ☐ Freestanding ☐ Furnace ☐ _____

Fuel..... ☐ Wood ☐ Coal ☐ Gas ☐ Oil ☐ _____

Chimney
 Construction..... ☐ Factory-built ☒ Masonry ☐ Other
 Chimney height..... _____ feet
 Liner..... ☒ Flue tile ☐ Stainless ☐ Cast ☐ Unlined
 Flue sizes..... ☐ 8" x 8" ☐ 8" x 13" ☒ 13" x 13" ☐ 8" x 17" ☐ 13" x 17"
☐ 6" Round ☐ 8" Round ☐ _____
 Last cleaned..... _____ year(s) ago ☐ Never ☐ Unknown



COMMENTS

Fireplace and flue appear in good condition
- (Cement) crown on chimney top is cracking
2'x4' crown seal recommended

ANNUAL INSPECTION

The National Fire Protection Association (NFPA) recommends annual inspection of all fireplaces, chimneys, and vents. The next inspection of your system is scheduled for: _____

CUSTOMER VERIFICATION

This report is the result of a visual inspection done at the time of cleaning. It is intended as a convenience to our customer, not as certification of fire worthiness or safety. Since conditions of use and hidden construction defects are beyond our control, no warranty is made for the safety or function of any appliance and none is to be implied.

I have read this form and understand the apparent condition of my fireplace, appliance, chimney, and/or vent system. Furthermore I understand the limitations of this report as given in the paragraph above.

Customer Signature Pat M. McLucy Date 11/19/07

INVOICE / RECEIPT

DESCRIPTION	PRICE
<u>Fireplace and flue</u>	
<u>cleaning</u>	<u>\$125.00</u>
<u>Install 2 lengths and</u>	
<u>elbow 2" pipe on woodstove</u>	<u>\$40.00</u>
<u>Pd. #11954</u>	
Subtotal	<u>\$165.00</u>
	<u>\$8.70</u>
Total	<u>\$153.70</u>

(540) 665-8196 FAX (540) 665-8183

05923



DATE 10/12/09		DATE ORDERED		DATE SCHEDULED	
NAME Pat McCarty		STREET 3900 39th Street NW apt 1175		PHONE 304-48-9301	
CITY Washington, DC		STATE DC		ZIP 20016	
MAKE		MODEL		SERIAL NUMBER	
DESCRIPTION OF WORK		LABOR CHARGES		TOTAL OTHER CHARGES	
Hand dig to find tank - 10' deep		798		Sub tot	
gas - No D-Box (3 line crossover)				w/4th	
Tank very clean - (4" sledge - min)				690 -	
scum) some water in out going				fuel	
line - 1" - normal for system					
No sledge					
camera fee =		\$100.00		\$570	
inspection service fee =		\$62.00		\$34	
pump septic - \$3.10 per 100 gal =		\$310.00		\$5	
				\$609.00	
TOTAL PARTS					
ADDITIONAL PARTS (OTHER SIDE)					
SUBLET					
OTHER					
TOTAL OTHER CHARGES					
OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS:		TRAVEL TIME		MILEAGE	
Riser on outgoing		9:40			
re-route down stairs		11:20			
A softener		15 min			
Lot 28 North River					
Widener Detention					
HamPSHinc Co.					
LABOR WARRANTY DOES NOT INCLUDE DRAIN CLEANING WE APPRECIATE YOUR BUSINESS		TRIP CHARGES			
		START -			
		TOTAL MILES			
		X /HR. =			
		X /MI. =			
		TRIP CHARGES			



NACHI Certified Home Inspector
P.O. Box 254
Baker, WV 26801
Phone: (304) 897-7061
Toll Free: (866) 884-5745
E-mail: inspector@hardynet.com



EPA ID #

State License #

Report Date: 6/25/2007

RADON INSPECTION REPORT

Customer Order# 4222-724

Contact name: Ken Musgrave

Customer: Pat Mc Curry

Address: 101 Wells Street Apt A315
Baltimore, MD 21230

Home phone: 443-927-1624 Office:

Fax :

TEST LOCATION

Test Location: first floor
Lot 28 & 33
Delray, WV

Access phone #

TEST DETAILS

Start date: 6/27/2007 Start time: 2pm

Stop date: 6/30/2007 Stop time: 4pm

Start weather: clear

Stop weather: clear

Start:

Stop:

Outside temp: 90° F Outside temp: 80° F

Inside temp: 80° F Inside temp: 80° F

Compliance Agreement signed? yes

Structure occupied during test? no

Those present at start of test:

buyer

Radon Test Results: 0.3 pCi/l

PURPOSE OF THIS INSPECTION REPORT

To provide a professional opinion of a structure's radon levels as of the date of inspection, limited to the conditions identified in this report. (See pages 2-3 for additional information regarding test equipment used and protocols observed.)

1. When scheduling the appointment, inform the occupant that EPA screening protocols require all doors and windows be closed 12 hours before and during the entire test period.
2. Upon arrival at the house, inspect to make sure all windows, doors and operable crawl space vents are shut before you start the test. Report on page three if vents are normally left open all year. If house is not closed be sure to add 12 hours to the testing period.
3. Confirm with occupant that all doors and windows were closed 12 hours before your arrival. Present the occupant with the Declaration of Voluntary Compliance form and request signature. Leave one copy for household reference.
4. If an active mitigation system has been installed, check the installation to make sure that all EPA mitigation standards are met. Most buyers will not accept mitigation efforts that could easily be defeated (ie tape or plastic bags over cracks, sumps or drains). Include a photograph whenever necessary to facilitate understanding of questionable mitigation work. If you have questions about mitigation efforts or test conditions call the office. Note fan and suction locations on diagram.
5. Fill out this inspection form completely. Test home under normal operating conditions and temperatures (65-80 degrees F).
6. "Radon Test In Progress" signs should be posted on all exterior doors. Use of "certification seals" to secure test device(s) and all windows may be advisable. If used, carefully inspect seals at conclusion of test to make sure they have not been disturbed. If the word "VOID" is visible on the entire length of any seal, note this condition on page 2.

NOTICE

Mountaineer Home Inspection Company cannot be assured the necessary conditions were maintained during the test period. There can be uncertainty with any radon measurement due to statistical variations and other factors such as changes in the weather and operation of the dwelling. While we and our agents make every effort to maintain quality control and include checks and verification steps in our procedures, we make NO WARRANTY OF ANY KIND, EXPRESSED OR IMPLIED, for the consequences of erroneous test results. Mountaineer Home Inspection Company nor its employees or agents shall be liable under any claim, charge or demand, whether in contract, tort, or otherwise, for any and all loss, cost, charge, claim, demand, fee, expense or damage of any nature or kind arising out of, connected with, resulting from, or sustained as a result of any radon test unless specifically covered by an optional radon mitigation service contract.

TEST DETAILS

1 Screening results of **0.3 pCi/l** based on test device.

Note: EPA Real Estate Protocols state that tests shall be performed in the lowest area of the house that the buyer plans to use as living space. If passive devices are used for this purpose, two units shall be exposed at the same location.

2

Type	Location Tested	Serial #	Results	Tamper Controls	Comments
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a	charcoal canister	main floor	422-325	0.3		
b						
c						
d						

3 Do hourly results of CRM appear normal? **yes**

4 Comments:

PROTOCOLS OBSERVED

5 Was house closed 12 hours before start of this test? **yes**

6 If no, please comment:

7 Were windows and doors closed at end of test? **yes**

8 If no, please comment:

9 Was screening device placed away from drafts & heat? **yes**

10 Was there at least 4" of clearance around the screening device? **yes**

11 Was screening device placed at least 20" above floor, 1 foot from exterior walls and 3 feet from exterior openings? **yes**

12 Were sustained wind speeds >30 mph experienced during this test? **yes**

13 Did rainfall exceed one-half inch during this test? **yes**

14 Were certification seals used to secure testing environment? **no**

15 If yes, were certification seals installed on all windows? **no**

16 Were certification seals installed on ventilation devices? **no**

17 Were certification seals installed on non-essential exterior doors? **no**

18 Were any certification seals disturbed? **no**

19 Were exterior doors monitored during this test? **yes**

20 Certification comments: **house remained closed and unoccupied**

21 Was an active mitigation system in operation during the entire test? **no**

22 If this is a new mitigation system, was it operating 24 hours before the test started?

23 Additional comments:

- 1 Approximate age of home: **1-5 years**
2 Style: **two story**
3 Foundation style: **basement**
4 Basement finish: **partially finished**
5 Basement wall construction: **poured**
6 If crawl, are vents present? Vents closed during test? If no, are they open year around?
7 Vapor barrier present in crawl? If present, vapor barrier covers % of ground
8 Tightness of home? **tight**
9 Are there any thermostatically controlled attic fans that could depressurize the attic cavity? **no**
10 Is there a Jenn-Aire® style range in the kitchen? **no**
11 Number of fireplaces? **1**
12 HVAC system: **heat pump**
13 If present, was the furnace fan operated in the "automatic" mode during the test? **no/furnace off**
14 Return vents in basement?
15 Are there any window air conditioning units? **no** How many?
16 Does the home use well water? **yes**
17 Potential Radon Entry Points: **floor cracks, wall cracks**
18 Comments: **Home weather tight, no obvious cracks in basement walls or floors**

MITIGATION INFORMATION

- 19 Have mitigation steps been performed in this home? **no**
20 Passive mitigation work observed:
21 Active mitigation work observed:
22 Does work appear to be neat and of a permanent nature?
23 If no, please explain:

24 Work done by:
25 Date of installation:
26 Contractor Name: RCP_ID Phone:
27 Contractor Address: City/St/Zip:
28 Is mitigation system properly labeled?
29 Fan Manufacturer: Model #
30 Does fan wiring meet local codes? Fan Location:
31 Is exhaust above eave, 10' above ground and away from windows, doors or breathing zones?
32 System failure indicator: (If no see Mitigation System Comments below)
33 Does radon mitigation system meet current EPA Standards?
34 Mitigation system comments:

Technician :


Craig Oxendine

MP ID#

Order # **4222-724**

Date:



WEST VIRGINIA DEPARTMENT OF HEALTH

PERMIT



OWNER: Ross & Mary Seifert and DRILLER: B. Mark Smith

are hereby issued a permit to construct (Construct, Modify or Abandon) a well located

at take 29 to Delray, turn right into North River Bend, take left fork, then t
1st Rd to right, go to T turn right onto Renderous Rd. second drive on left

in accordance with Chapter 16, Article 1, Section 9 of the Code of West Virginia.

Date Issued 12-17-01

Expires 12-17-02

Permit No. DW-14-02-148

Issuing Officer

Hampshire

County Health Department

Sanitarian

Title

This permit is not transferable and any change of information submitted in application dated 11-19-01
 will automatically render this permit invalid.

THIS PERMIT IS NOT APPLICABLE TO PUBLIC WATER SUPPLIES

HAMPSHIRE COUNTY

BUILDING PERMIT REQUIREMENTS

Pursuant to Ordinance Number 1 adopted August 25, 1987 and recorded in the Fiscal and Police Record Book #1 on pages 695-706. All persons must obtain a Building Permit from the Office of The County Clerk of the Hampshire County Commission for the construction, substantial improvements or relocation of any building or structure, residence or business, including mobile homes or manufactured housing in Hampshire County.

APPLICATION PROCEDURE

1. Complete all required information as requested on the Building Permit Application provided by the Clerk of the County Commission.
2. Submit the completed Application and \$25.00 to the Clerk of the County Commission along with copies of your current Hampshire County Health Department Septic Permit and Well Permit if applicable. If you are planning to use public water or sewer you will need a Letter of Availability from the Public Service District or provider. Incomplete Applications will not be accepted!
3. If the building location is within a 100 year flood plain, compliance with the Flood Plain Ordinance will be required before the building permit can be issued. Please contact the Planning Commission for details and help in determining your location relative to the flood plain. Approval of the Planner is required for all applications with locations in the 100 year flood plain.

BUILDING PERMIT POLICY

1. Building permits shall be required for "Substantial Improvements" to existing property or structures. The definition of "Substantial Improvements" is any improvement where value is greater than \$1000.00 or is larger than 100 sq. ft. A building permit is required for the installation of all manufactured housing.
2. The Health Department septic permit requirement can be waived for the construction of: additions, barns or outbuilding (nonresidential) or chicken houses.
3. The Health Department well permit requirement can be waived if the well was in existence prior to July 1, 1986.

HAMPSHIRE COUNTY OFFICES

Clerk of the County Commission.....	(304) 822-5112
Planning Commission.....	822-7018
Health Department.....	822-5111

Please call with any questions.